IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE:	*	
	*	
MANUEL J. FERNANDEZ ECHEVARRIA	*	CASE NO. 09-03712(MCF)
AGNES CARDONA CARDONA	*	CHAPTER 13
Debtor(s)	*	

****

APPLICATION FOR CHAPTER 13 TRUSTEE'S APPROVAL OF POST-PETITION LOAN

TO THE HONORABLE COURT:

Comes Now, Debtor(s) represented through the undersigned attorney and very respectfully pray and state as follow:

1. **The above hereby requests that this Honorable Court approve a post petition consumer debt for a loan modification.**

2. The Debtor has negotiated this modification with Banco Santander Puerto Rico.

WHEREFORE, it is respectfully requested that the above Motion be granted.

RESPECTFULLY SUBMITTED.

In San Juan, Puerto Rico this 15th day of December, 2010.

/s/ Jacqueline E Hernandez Santiago
JACQUELINE E HERNANDEZ SANTIAGO
PO BOX 366431
SAN JUAN, PR 00936-6431

IN THE OFFICE OF THE STANDING CHAPTER 13 TRUSTEE
FOR THE BANKRUPTCY COURT OF THE DISTRICT OF PUERTO RICO

In Re: Manuel J. Fernández Echevarría Agnes Cardona Cardona	Case No.: 09-03712 (B)
Debtor(s)	Chapter 13

APPLICATION FOR TRUSTEE AUTHORIZATION
OF POST PETITION CONSUMER CREDIT

I, Manuel J. Fernández Echevarría & Agnes Cardona Cardona, the Debtor(s) in the captioned case, pursuant to 11 USC §1305, hereby applies for José R. Carrión, Esq., Standing Chapter 13 Trustee in this case, authorization to incur in a credit obligation under the terms summarized hereinafter as follows.

1. Lender Name and Address: Banco Santander
   PO Box 362589
   San Juan, PR 00936-2589

2. Type of loan:

   ✓ Mortgage: ( ) New (✓) Refinancing

   _____ Auto Loan

   _____ Personal: ( ) New ( ) Refinancing

3. Principal amount to be financed: $ 201,986.87. Existing loan pay-off balance (if any): $ 192,792.39. Proceeds (if any) $__________. Annual interest rate _____ %. Loan tenure: 7 years

4. The down payment, closing costs and any other amounts required by the lender (if any), are detailed as follows and will be obtained by the below mentioned sources:

   Down Payment $__________ Source: __________

   Closing Costs $__________ Source: __________

   Other Charges $__________ Source: __________

5. The proceeds of this loan will be distributed in the following manner:

(a.)	$
(b.)	$
(c.)	$
Total:	$

6. The monthly payment of the loan will be $ 1,023.39 (includes principal & interest, taxes & insurance portion for escrow account.)

7. This loan will be [___] UNSECURED / [✓] SECURED obligation.

8. The property described bellow will serve as collateral for this loan:

Villas de Plan Bonito
Casa #9A Puerto Las Palmas
Cabo Rojo, PR 00623

9. My (Our) current monthly **INCOME** is as follows:

Net salary or income (salary less authorized payroll deductions)	$	2,810.20
Net Spouse income (salary less authorized payroll deductions)	$	0.00
Other income (describe source): Rent 560.00, Unemployment Benefits 571.00	$	1,131.00
Other income Spouse (describe source): Viaje y Dieta 910.00 Christmas Bonus 100.00	$	1,010.00
Total Income:	$	4,951.20

10. My (Our) monthly **EXPENSES** including herein requested loan payments are as follows:

Rent or home mortgage including insurance and real estate taxes	$	1,520.61
Utilities: Electricity	$	180.99
Water & sewer	$	62.00
Telephone	$	50.70
Other: Cel Phones 120.00, Internet & Cable TV 60.00	$	180.00
Home maintenance (repairs and upkeep)	$	50.00
Food (Family members [___])	$	500.00
Clothing	$	50.00
Laundry & Dry Cleaning	$	20.00
Medical and Dental Expenses	$	30.00
Transportation (not including car loan payments)	$	500.00
Recreation, clubs, and entertainment, newspaper, magazines, etc.	$	40.00
Charitable contributions	$	
Insurance (not deducted from wages or included in home payments)		
Homeowner's or renter's insurance:	$	101.00
Life insurance:	$	
Health insurance:	$	
Auto insurance:	$	
Other insurance:	$	
Alimony, maintenance, and support paid to others:	$	
Payments for support of additional dependants not living with you:	$	
OTHER: See schedule attached	$	1,365.90
Payments to the Trustee under Chapter 13 Plan:	$	300.00
TOTAL EXPENSES:	$	4,951.20
PROJECTED DISPOSABLE INCOME: (Income less Expenses)	$	0.00

Continuance of Expenditures of Debtors
Case # 09-03712 BKT
Manuel J. Fernandez Echevarria and Agnes Cardona Cardona

OTHER EXPENSES:

TAXES	10.90
CRIM TAXES FOR TWO HOUSES 3,000.00 /12	250.00
AUTO MAINTENANCE	50.00
LUNCHES	250.00
COLLEGE MONTHLY FEE	220.00
COLLEGE REGISTRATION, BOOKS, UNIFORMS, ETC...	50.00
PAYMENT OF 2ND MORTGAGE WITH BPPR AS PER AGREEMENT	200.00
BEAUTY & BARBER EXPENSE	60.00
UNEXPECTED EXPENSES	35.00
SCHOOL MATERIALS	50.00
TOLLS	100.00
SEMINARS & OTHER EXPENSES FOR RENEWAL OF INSURANCE LICENSE	90.00

11. I (Us) will pay the loan directly through payroll deductions. (In the event that you intend to pay it through the Chapter 13 Plan, then you must file with this application a copy of the proposed amended plan describing its treatment. Remember that a post petition claim must be filed [11 USC §1305] in order for the Trustee to be able to pay said obligation).

DECLARATION UNDER PENALTY OF PERJURY

I (WE), the Debtor(s) in this case, sign this document and declare under penalty of perjury that all the information contained herein is true to the best of my (our) knowledge.

In San Juan, Puerto Rico, today 10th day of December, 2010.

Debtor

Joint Debtor

I CERTIFY that I advised Debtor(s) of all legal implications of the action of incurring in post petition credit, especially that it will not be dischargeable unless particular conditions occur.

Attorney for Debtor(s)

TRUSTEE DETERMINATION

After evaluating the information herein provided the Office of the Standing Chapter Trustee determined that:

[___] The post petition consumer credit obligation is hereby **authorized.***

[___] The post petition consumer credit obligation is hereby **NOT authorized.**

*Please be advised that if this Office required the filing and circulation of an amended plan the authorization is conditioned to the confirmation of the same.

In San Juan, Puerto Rico this _____ day of ____________________ of 200___.

José R. Carrión, Esq.
STANDING CHAPTER 13 TRUSTEE
P.O. Box 9023884 Old San Juan Station
San Juan, Puerto Rico 00902-3884
Tel: (787) 977-3535 / FAX: (787) 977-3550

Grupo Santander Puerto Rico

MODIFICATION RECAST PAYMENT

Borrower: AGNES CARDONA CARDONA

Co-Borrower: MANUEL FERNANDEZ ECHEVARRIA

ORIGINAL LOAN DATA

ACCOUNT NUMBER	**9312129**
TYPE/INVESTOR	C/V SANTANDER
ORIGINAL LOAN	$216,000.00
ORIGINAL APPRAISAL	$289,500.00
ORIGINAL LTV	75%
DATE OF LOAN	March 28, 2002
MATURITY DATE	April 1, 2017
AMORTIZATION TERM	360
PAYMENTS MADE	92
REMAINING TERM	268
CURRENT P&I	$ 1,365.27
CURR ESCROW PMT	49.42
TOTAL PAYMENT	$ 1,414.69
CURRENT HOUSING RATIO	24%

DELINQUENCY DATA

NEXT PAYMENT	January 1, 2010
INTEREST RATE	6.5000%
NUMBER OF PMTS DUE	7
TOTAL PAYMENTS DUE	9,902.83
LATE CHARGES	683
BANK FEES	178
ESCROW	-
LEGAL EXPENSES	-
LESS: SUSPENSE FUNDS	(1,483)
TOTAL DUE	**$ 9,280.06**

COMMENTS: ESTAS CANTIDADES SON ESTIMADAS SUJETAS A APROBACION.

APPROVED BY:

DATE:

MODIFICATION DATA

CURRENT VALUE	**$289,500.00**
INTEREST RATE	**5.000%**
MODIFIED TERM	**480**
EFFECTIVE PERIOD	**24**
PRINCIPAL BALANCE	192,792.39
INTEREST BALANCES	8,305.12
ESCROW	395.36
LEGAL CHARGES	-
NOTARY FEES MODIFICATION	494.00
	-
	-
LESS: SECOND MORTGAGE	-
MODIFICATION AMOUNT	**$ 201,986.87**
NEW LTV	**70%**
MODIFICATION NEW P & I	$ 973.97
ESCROW PMT	49.42
NEW MONTHLY PMT	**$ 1,023.39**
PAYMENT REDUCTION AMOUNT	(391.30)
REDUCTION %	-28%
NEW HOUSING RATIO	**17%**
NEW FIRST PAYMENT	9/1/2010
NEW MATURITY	4/1/2017
NEW REMAINING TERM	80
REMAINING AFTER MOD PERIOD	56
BALLOON AT ORIGINAL MATURITY	179,790.44

TO BE PAID BY CLIENT (NOT CAPITALIZED)

TITLE SEARCH	$ -
CREDIT REPORT	-
LATE CHARGES	-
BANK FEES	-
FLOOD DETERMINATION	-
LEGAL CHARGES	-
NOTARY FEES MODIFICATION	-
SIMS FEES	700.00
STAMP & VOUCHERS MODIFICATION	-
APORTACION ADICIONAL CIERRE.	-
TOTAL MODIFICATION FEES	**$ 700.00**
PREPARED BY	RAFAEL MORALES
DATE	7/22/2010

SEGUROS MULTIPLES

COOPERATIVA DE SEGUROS MULTIPLES DE PR

PO BOX 363846 SAN JUAN PR 00936 3846

PERIOD ENDING DATE	VOUCHER NO
08/31/2010	8132295

07	EMPLOYEE NAME	DEPT.	SOCIAL SECURITY	VAC. BAL.	281.25	SICK BAL.	180.16
0321	AGNES CARDONA CARDONA	62	XXX-XX-4581	PAY RATE	30.7692		

EARNINGS	RATE	HOURS	CURRENT	YEAR TO DATE
REGULAR	30.77	81.25	2500.00	40000.00
Reemb V	0.00	0.00	0.00	7280.00
LqReser	0.00	0.00	0.00	1810.53
MteFamA	0.00	0.00	0.00	533.98
VR Agen	0.00	0.00	0.00	2927.98
LE Agen	0.00	0.00	0.00	3249.65

DEDUCTIONS	CURRENT	YEAR TO DATE
INCTAX	449.35	7786.15
FICA	155.00	3008.38
MEDCARE	36.25	703.57
CHAUFF	1.08	17.28
CMayagu	65.00	1040.00
COSV637	23.70	379.20
Dental3	14.52	234.72
PLANPEN	100.00	1940.89
Rincon	250.00	4000.00

Direct Deposit

Account Number	Bank Name	Amount
XXXXX0272	RG PREMIER BANK OF PR	$1,405.10

NET PAY:	$1,405.10	81.25	$2,500.00	$55,802.14

TOTAL:	$1,094.90	$19,110.19

DEPOSITED DATE
08/24/2010

COOPERATIVA DE SEGUROS MULTIPLES DE PR

PO BOX 363846 SAN JUAN PR 00936 3846

VOUCHER NO.
008132295

AMOUNT DEPOSITED
$******1,405.10

NON NEGOTIABLE

EMPLOYEE NAME AGNES CARDONA CARDONA
07 030
0321

PAYROLL CODE: 20100831

SEGUROS MULTIPLES

COOPERATIVA DE SEGUROS MULTIPLES DE PR

PO BOX 363846 SAN JUAN PR 00936 3846

PERIOD ENDING DATE	VOUCHER NO
09/15/2010	8132651

	EMPLOYEE NAME	DEPT.	SOCIAL SECURITY	VAC. BAL.	281.25	SICK BAL.	180.16
07							
0321	AGNES CARDONA CARDONA	62	XXX-XX-4581	PAY RATE	30.7692		

EARNINGS	RATE	HOURS	CURRENT	YEAR TO DATE
REGULAR	30.77	81.25	2500.00	42500.00
Reemb V	0.00	0.00	910.00	8190.00
LqReser	0.00	0.00	0.00	1810.53
MteFamA	0.00	0.00	0.00	533.98
VR Agen	0.00	0.00	0.00	2927.98
LE Agen	0.00	0.00	0.00	3249.65
NET PAY: $2,315.10		81.25	$3,410.00	$59,212.14

DEDUCTIONS	CURRENT	YEAR TO DATE
INCTAX	449.35	8235.50
FICA	155.00	3163.38
MEDCARE	36.25	739.82
CHAUFF	1.08	18.36
CMayagu	65.00	1105.00
COSV637	23.70	402.90
Dental3	14.52	249.24
PLANPEN	100.00	2040.89
Rincon	250.00	4250.00
TOTAL:	$1,094.90	$20,205.09

Direct Deposit

Account Number	Bank Name	Amount
XXXXX0272	RG PREMIER BANK OF PR	$2,315.10

DEPOSITED DATE
09/09/2010

COOPERATIVA DE SEGUROS MULTIPLES DE PR

PO BOX 363846 SAN JUAN PR 00936 3846

VOUCHER NO.
008132651

AMOUNT DEPOSITED
$******2,315.10

NON NEGOTIABLE

EMPLOYEE NAME AGNES CARDONA CARDONA
07 030
0321

PAYROLL CODE: 20100915

0003
MANUEL J. FERNANDEZ ECHEVARRIA
PO BOX 556
HORMIGUEROS PR 00660

SU PAGO POR LA CANTIDAD DE TRESCIENTOS DIECISEIS DOLARES ***********
($316.00) FUE DEPOSITADO EN SU CUENTA BANCARIA

PARA RECLAMAR SEMANAS A TRAVES DEL SISTEMA INTERACTIVO DE VOZ DEBE LLAMAR AL (787)625-7900 SABADOS - 24 HRS (MAS INFORMACION AL REVERSO DE LA ORDEN DE PAGO)

RECLAMACION SUBSIGUIENTE/ CONTINUED CLAIM

NUMERO DE SEGURO SOCIAL *SOCIAL SECURITY NUMBER*	NIP *PIN*	NOMBRE / *NAME*	TIPO *TYPE*	PROGRAMA *PROGRAM*	OFICINA LOCAL *LOCAL OFFICE*	SEMANA 1 *WEEK NO. 1*	SEMANA 2 *WEEK NO. 2*
***-**-1911	836	MANUEL J. FERNANDEZ ECHEVARRIA	T	71	0003	09/25/10	10/02/10

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 (CIFRDO) 836 VEZ 1/2 BEN. SEM. 199.50

CONTESTE LAS SIGUIENTES PREGUNTAS PARA CADA SEMANA RECLAMADA: *ANSWER THE FOLLOWING QUESTIONS FOR EACH WEEK CLAIMED:*	SI/ *YES*	NO	SI/ *YES*	NO
1. ¿ESTUVO EMPLEADO TOTALMENTE? *WERE YOU FULLY EMPLOYED DURING THE WEEK?* INDIQUE LA FECHA CUANDO SE EMPLEO NUEVAMENTE. *ENTER THE DATE YOU WERE REEMPLOYED.* MES / MO ___ DIA / DATE ___ AÑO / YEAR ___	☐	☐	☐	☐
2. ¿RECIBIO PAGA POR VACACIONES O POR ENFERMEDAD NO INFORMADA ANTERIORMENTE? *DID YOU RECEIVE VACATION OR SICK LEAVE PAY NOT PROVIOUSLY REPORTED?*	☐	☐	☐	☐
3. ¿COMENZO A RECIBIR PENSION (INCLUYENDO SEGURO SOCIAL) O CAMBIO LA CANTIDAD DE LA PENSION QUE RECIBE? *DID YOU RECEIVE A PENSION (INCLUDING SOCIAL SECURITY) OR DID THE AMOUNT CHANGE?*	☐	☐	☐	☐
4. ¿TRABAJO POR SU CUENTA O RECIBIO BONO? INDIQUE EL INGRESO *WERE YOU SELF EMPLOYED OR RECEIVED BONUS? IF SO. ENTER YOUR INCOME*	DOLARES $ DOLLARS	CTVS. CTS	DOLARES $ DOLLARS	CTVS CTS
5. ¿REALIZO UNA BUSQUEDA ACTIVA DE TRABAJO Y ESTUVO APTO Y DISPONIBLE PARA TRABAJR EN TODO MOMENTO? *DID YOU MAKE AN ACTIVE SEARCH FOR WORK AND WERE YOU ABLE AND AVAILABLE FOR FULLTIME WORK?*	☐	☐	☐	☐
6. ¿COMENZO A ESTUDIAR DURANTE EL DIA O PARTE DEL DIA? *DID YOU ATTEND SCHOOL ALL DAY OR PART OF IT?*	☐	☐	☐	☐
7. **A LOS RECLAMANTES DE ASISTENCIA POR DESASTRE** - ¿RECIBIO COMPENSACION DE ALGUN OTRO TIPO A CONSECUENCIA DEL DESASTRE? *IF YOU ARE CLAIMING BENEFITS UNDER DISASTER UNEMPLOYMENT ASSISTANCE - DID YOU RECEIVE ANY KIND OF COMPENSATION CONNECTED WITH THE DISASTER?*	☐	☐	☐	☐

IMPORTANTE: SI SU DIRECCION POSTAL O RESIDENCIAL CAMBIO, NO ENVIE ESTE FORMULARIO POR CORREO, LLEVELO PERSONALMENTE A LA OFICINA LOCAL DE SU AREA
IF YOUR ADDRESS CHANGED, DO NOT MAIL THIS FORM. TAKE IT TO THE LOCAL OFFICE WHERE YOU FILED YOUR CLAIM

CERTIFICO: QUE LA INFORMACION OFRECIDA ES CIERTA Y CORRECTA A MI MEJOR SABER Y ENTENDER Y QUE CONOZCO LAS PENALIDADES QUE DISPONE LA LEY POR OFRECER INFORMACION FALSA U OCULTAR INFORMACION NECESARIA CON EL PROPOSITO DE OBTENER BENEFICIOS QUE NO ME CORRESPONDEN.

I DO CERTIFY: THAT THE INFORMATION FURNISHED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I KNOW THE PENALTIES THE LAW ESTABLISHES FOR PROVIDING FALSE INFORMATION OR FAILING TO DISCLOSE INFORMATION IN ORDER TO RECEIVE BENEFITS I'M NOT ENTITLED TO RECEIVE.

FIRMA DEL RECLAMANTE / CLAIMANT'S SIGNATURE	FECHA / DATE

INFORME DEL PATRONO SOBRE INGRESOS PARCIALES / *EMPLOYER PARTIAL EARNINGS REPORT*		SEMANA / WEEK 1	SEMANA / WEEK
1. HORAS TRABAJADAS / *NUMBER OF HOURS WORKED*			
2. HORAS QUE EL PATRONO TENIA DISPONIBLES / *NUMBER OF HOURS THAT EMPOYER HAD AVAILABLE*			
3. SALARIO DEVENGADO / *WAGES EARNED*		$	$
4. RAZON PARA LA SEMANA PARCIAL *REASON FOR PARTIAL WORK*	ESCASEZ DE TRABAJO / *LACK OF WORK*	☐ 09	☐ 09
	OTRAS RAZONES / *OTHER REASONS*	☐ 30	☐ 30

NOMBRE DEL NEGOCIO O ESTABLECIMIENTO *NAME OF BUSINESS OR ESTABLISHMENT*	FIRMA DEL DUEÑO U OFICIAL AUTORIZADO *SIGNATURE OF EMPLOYER OR AUTHORIZED REPRESENTATIVE*	NUM CUENTA DEL PATRONO *EMPLOYER'S ACCOUNT NUMBER*	FECHA *DATE*

IN THE OFFICE OF THE STANDING CHAPTER 13 TRUSTEE FOR THE BANKRUPTCY COURT OF THE DISTRICT OF PUERTO RICO

In Re: Manuel J. Fernández Echevarría Agnes Cardona Cardona	Case No.: 09-03712 (BKT)
Debtor(s)	Chapter 13

APPLICATION FOR TRUSTEE AUTHORIZATION OF POST PETITION CONSUMER CREDIT

I, Manuel J. Fernández Echevarría & Agnes Cardona Cardona, the Debtor(s) in the captioned case, pursuant to 11 USC §1305, hereby applies for José R. Carrión, Esq., Standing Chapter 13 Trustee in this case, authorization to incur in a credit obligation under the terms summarized hereinafter as follows.

1. Lender Name and Address: Banco Santander
   PO Box 362589
   San Juan, PR 00936-2589
2. Type of loan:
   ✓ Mortgage: ( ) New (✓) Refinancing
   _____ Auto Loan
   _____ Personal: ( ) New ( ) Refinancing
3. Principal amount to be financed: $ 78,855.88. Existing loan pay-off balance (if any): $ 76,483.44. Proceeds (if any) $________. Annual interest rate ____ %. Loan tenure: 23 years
4. The down payment, closing costs and any other amounts required by the lender (if any), are detailed as follows and will be obtained by the below mentioned sources:
   Down Payment $________ Source: ________
   Closing Costs $________ Source: ________
   Other Charges $________ Source: ________
5. The proceeds of this loan will be distributed in the following manner:

(a.)	$
(b.)	$
(c.)	$
Total:	$

6. The monthly payment of the loan will be $ 497.22 (includes principal & interest, taxes & insurance portion for escrow account.)
7. This loan will be [__] UNSECURED / [✓] SECURED obligation.

8. The property described bellow will serve as collateral for this loan:

Urb. Valle Hermoso
Calle Lotto 5X5
Hormigueros PR 00660

9. My (Our) current monthly **INCOME** is as follows:

Net salary or income (salary less authorized payroll deductions)	$	2,810.20
Net Spouse income (salary less authorized payroll deductions)	$	
Other income (describe source): Rent 560.00 Unemployment Benefits 571.00	$	1,131.00
Other income Spouse (describe source): Viaje y Dieta 910.00 Christmas Bonus 100.00	$	1,010.00
Total Income:	$	4,951.20

10. My (Our) monthly **EXPENSES** including herein requested loan payments are as follows:

Rent or home mortgage including insurance and real estate taxes	$	1,520.61
Utilities: Electricity	$	180.99
Water & sewer	$	62.00
Telephone	$	50.70
Other:	$	180.00
Home maintenance (repairs and upkeep)	$	50.00
Food (Family members [___])	$	500.00
Clothing	$	50.00
Laundry & Dry Cleaning	$	20.00
Medical and Dental Expenses	$	30.00
Transportation (not including car loan payments)	$	500.00
Recreation, clubs, and entertainment, newspaper, magazines, etc.	$	40.00
Charitable contributions	$	
Insurance (not deducted from wages or included in home payments)		
Homeowner's or renter's insurance:	$	101.00
Life insurance:	$	
Health insurance:	$	
Auto insurance:	$	
Other insurance:	$	
Alimony, maintenance, and support paid to others:	$	
Payments for support of additional dependants not living with you:	$	
OTHER: See schedule attached	$	1,365.90
Payments to the Trustee under Chapter 13 Plan:	$	300.00
TOTAL EXPENSES:	$	4,951.20
PROJECTED DISPOSABLE INCOME: (Income less Expenses)	$	0.00

Continuance of Expenditures of Debtors
Case # 09-03712 BKT
Manuel J. Fernandez Echevarria and Agnes Cardona Cardona

OTHER EXPENSES:

TAXES	10.90
CRIM TAXES FOR TWO HOUSES 3,000.00 /12	250.00
AUTO MAINTENANCE	50.00
LUNCHES	250.00
COLLEGE MONTHLY FEE	220.00
COLLEGE REGISTRATION, BOOKS, UNIFORMS, ETC...	50.00
PAYMENT OF 2ND MORTGAGE WITH BPPR AS PER AGREEMENT	200.00
BEAUTY & BARBER EXPENSE	60.00
UNEXPECTED EXPENSES	35.00
SCHOOL MATERIALS	50.00
TOLLS	100.00
SEMINARS & OTHER EXPENSES FOR RENEWAL OF INSURANCE LICENSE	90.00

11. I (Us) will pay the loan directly through payroll deductions. (In the event that you intend to pay it through the Chapter 13 Plan, then you must file with this application a copy of the proposed amended plan describing its treatment. Remember that a post petition claim must be filed [11 USC §1305] in order for the Trustee to be able to pay said obligation).

DECLARATION UNDER PENALTY OF PERJURY

I (WE), the Debtor(s) in this case, sign this document and declare under penalty of perjury that all the information contained herein is true to the best of my (our) knowledge.

In San Juan, Puerto Rico, today 10th day of December, 2010.

Debtor

Joint Debtor

I CERTIFY that I advised Debtor(s) of all legal implications of the action of incurring in post petition credit, especially that it will not be dischargeable unless particular conditions occur.

Attorney for Debtor(s)

TRUSTEE DETERMINATION

After evaluating the information herein provided the Office of the Standing Chapter Trustee determined that:

[___] The post petition consumer credit obligation is hereby **authorized.***

[___] The post petition consumer credit obligation is hereby **NOT authorized.**

*Please be advised that if this Office required the filing and circulation of an amended plan the authorization is conditioned to the confirmation of the same.

In San Juan, Puerto Rico this _____ day of ____________________ of 200___.

José R. Carrión, Esq.
STANDING CHAPTER 13 TRUSTEE
P.O. Box 9023884 Old San Juan Station
San Juan, Puerto Rico 00902-3884
Tel: (787) 977-3535 / FAX: (787) 977-3550

Grupo Santander Puerto Rico

MODIFICATION RECAST PAYMENT

Borrower: AGNES CARDONA CARDONA

Co-Borrower: MANUEL FERNANDEZ ECHEVARRIA

ORIGINAL LOAN DATA

ACCOUNT NUMBER	9339281
TYPE/INVESTOR	C/V SANTANDER
ORIGINAL LOAN	$92,000.00
ORIGINAL APPRAISAL	$115,000 00
ORIGINAL LTV	80%
DATE OF LOAN	March 22, 2003
MATURITY DATE	April 1, 2033
AMORTIZATION TERM	360
PAYMENTS MADE	86
REMAINING TERM	274
CURRENT P&I	$ 544.21
CURR. ESCROW PMT	273 31
TOTAL PAYMENT	$ 817.52
CURRENT HOUSING RATIO	14%

DELINQUENCY DATA

NEXT PAYMENT	July 1, 2010
INTEREST RATE	5.8750%
NUMBER OF PMTS DUE	1
TOTAL PAYMENTS DUE	817.52
LATE CHARGES	-
BANK FEES	-
ESCROW	-
LEGAL EXPENSES	-
LESS: SUSPENSE FUNDS	-
TOTAL DUE	**$ 817.52**

COMMENTS: ESTAS CANTIDADES SON ESTIMADAS SUJETAS A APROBACION.

APPROVED BY:

DATE:

MODIFICATION DATA

CURRENT VALUE	$115,000.00
INTEREST RATE	**3.000%**
MODIFIED TERM	**480**
EFFECTIVE PERIOD	**24**
PRINCIPAL BALANCE	76,483 44
INTEREST BALANCES	748.07
ESCROW	1,130.37
LEGAL CHARGES	-
NOTARY FEES MODIFICATION	494 00
	-
	-
LESS: SECOND MORTGAGE	-
MODIFICATION AMOUNT	**$ 78,855.88**
NEW LTV	**69%**
MODIFICATION NEW P & I	$ 282 29
ESCROW PMT	214.93
NEW MONTHLY PMT	**$ 497.22**
PAYMENT REDUCTION AMOUNT	(320.30)
REDUCTION %	-39%
NEW HOUSING RATIO	**8%**
NEW FIRST PAYMENT	9/1/2010
NEW MATURITY	4/1/2033
NEW REMAINING TERM	272
REMAINING AFTER MOD PERIOD	248
BALLOON AT ORIGINAL MATURITY	0.00

TO BE PAID BY CLIENT (NOT CAPITALIZED)

TITLE SEARCH	$ 50.00
CREDIT REPORT	-
LATE CHARGES	-
BANK FEES	-
FLOOD DETERMINATION	-
LEGAL CHARGES	-
NOTARY FEES MODIFICATION	-
SIMS FEES	700 00
STAMP & VOUCHERS MODIFICATION	-
APORTACION ADICIONAL CIERRE	-
TOTAL MODIFICATION FEES	**$ 750.00**
PREPARED BY	RAFAEL MORALES
DATE	7/22/2010

SEGUROS MULTIPLES

COOPERATIVA DE SEGUROS MULTIPLES DE PR

PO BOX 363846 SAN JUAN PR 00936 3846

PERIOD ENDING DATE	VOUCHER NO
08/31/2010	8132295

	EMPLOYEE NAME	DEPT.	SOCIAL SECURITY	VAC. BAL.	281.25	SICK BAL.	180.16
07 / 0321	AGNES CARDONA CARDONA	62	XXX-XX-4581	PAY RATE	30.7692		

EARNINGS	RATE	HOURS	CURRENT	YEAR TO DATE
REGULAR	30.77	81.25	2500.00	40000.00
Reemb V	0.00	0.00	0.00	7280.00
LqReser	0.00	0.00	0.00	1810.53
MteFamA	0.00	0.00	0.00	533.98
VR Agen	0.00	0.00	0.00	2927.98
LE Agen	0.00	0.00	0.00	3249.65
NET PAY: $1,405.10		81.25	$2,500.00	$55,802.14

DEDUCTIONS	CURRENT	YEAR TO DATE
INCTAX	449.35	7786.15
FICA	155.00	3008.38
MEDCARE	36.25	703.57
CHAUFF	1.08	17.28
CMayagu	65.00	1040.00
COSV637	23.70	379.20
Dental3	14.52	234.72
PLANPEN	100.00	1940.89
Rincon	250.00	4000.00
TOTAL:	$1,094.90	$19,110.19

Direct Deposit		
Account Number	Bank Name	Amount
XXXXX0272	RG PREMIER BANK OF PR	$1,405.10

DEPOSITED DATE

08/24/2010

COOPERATIVA DE SEGUROS MULTIPLES DE PR

PO BOX 363846 SAN JUAN PR 00936 3846

VOUCHER NO.

008132295

AMOUNT DEPOSITED

$******1,405.10

EMPLOYEE NAME AGNES CARDONA CARDONA

07 030

0321

PAYROLL CODE: 20100831

SEGUROS MULTIPLES

COOPERATIVA DE SEGUROS MULTIPLES DE PR

PO BOX 363846 SAN JUAN PR 00936 3846

PERIOD ENDING DATE	VOUCHER NO
09/15/2010	8132651

	EMPLOYEE NAME	DEPT.	SOCIAL SECURITY	VAC. BAL.	281.25	SICK BAL.	180.16
07 0321	AGNES CARDONA CARDONA	62	XXX-XX-4581	PAY RATE	30.7692		

EARNINGS	RATE	HOURS	CURRENT	YEAR TO DATE
REGULAR	30.77	81.25	2500.00	42500.00
Reemb V	0.00	0.00	910.00	8190.00
LqReser	0.00	0.00	0.00	1810.53
MteFamA	0.00	0.00	0.00	533.98
VR Agen	0.00	0.00	0.00	2927.98
LE Agen	0.00	0.00	0.00	3249.65
NET PAY: $2,315.10		81.25	$3,410.00	$59,212.14

DEDUCTIONS	CURRENT	YEAR TO DATE
INCTAX	449.35	8235.50
FICA	155.00	3163.38
MEDCARE	36.25	739.82
CHAUFF	1.08	18.36
CMayagu	65.00	1105.00
COSV637	23.70	402.90
Dental3	14.52	249.24
PLANPEN	100.00	2040.89
Rincon	250.00	4250.00
TOTAL:	$1,094.90	$20,205.09

Direct Deposit

Account Number	Bank Name	Amount
XXXXX0272	RG PREMIER BANK OF PR	$2,315.10

DEPOSITED DATE

09/09/2010

COOPERATIVA DE SEGUROS MULTIPLES DE PR

PO BOX 363846 SAN JUAN PR 00936 3846

VOUCHER NO.

008132651

BLE

AMOUNT DEPOSITED

$******2,315.10

EMPLOYEE NAME AGNES CARDONA CARDONA

07 030

0321

PAYROLL CODE: 20100915

0003
MANUEL J. FERNANDEZ ECHEVARRIA
PO BOX 556
HORMIGUEROS PR 00660

SU PAGO POR LA CANTIDAD DE TRESCIENTOS DIECISEIS DOLARES ***********
($316.00) FUE DEPOSITADO EN SU CUENTA BANCARIA

PARA RECLAMAR SEMANAS A TRAVES DEL SISTEMA INTERACTIVO DE VOZ DEBE LLAMAR AL
(787)625-7900 SABADOS - 24 HRS (MAS INFORMACION AL REVERSO DE LA ORDEN DE PAGO)

RECLAMACION SUBSIGUIENTE/ CONTINUED CLAIM

NUMERO DE SEGURO SOCIAL *SOCIAL SECURITY NUMBER*	NIP *PIN*	NOMBRE / *NAME*	TIPO *TYPE*	PROGRAMA *PROGRAM*	OFICINA LOCAL *LOCAL OFFICE*	SEMANA 1 *WEEK NO. 1*	SEMANA 2 *WEEK NO. 2*
***-**-1911	836	MANUEL J. FERNANDEZ ECHEVARRIA	T	71	0003	09/25/10	10/02/1

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 (CIFRDO) 836 VEZ 1 12 BEN. SEM. 199.50

CONTESTE LAS SIGUIENTES PREGUNTAS PARA CADA SEMANA RECLAMADA: *ANSWER THE FOLLOWING QUESTIONS FOR EACH WEEK CLAIMED:*	SI / YES	NO	SI / YES	NO
1. ¿ESTUVO EMPLEADO TOTALMENTE? *WERE YOU FULLY EMPLOYED DURING THE WEEK?* INDIQUE LA FECHA CUANDO SE EMPLEO NUEVAMENTE. *ENTER THE DATE YOU WERE REEMPLOYED.* MES / MO ___ DIA / DATE ___ AÑO / YEAR ___	☐	☐	☐	☐
2. ¿RECIBIO PAGA POR VACACIONES O POR ENFERMEDAD NO INFORMADA ANTERIORMENTE? *DID YOU RECEIVE VACATION OR SICK LEAVE PAY NOT PROVIOUSLY REPORTED?*	☐	☐	☐	☐
3. ¿COMENZO A RECIBIR PENSION (INCLUYENDO SEGURO SOCIAL) O CAMBIO LA CANTIDAD DE LA PENSION QUE RECIBE? *DID YOU RECEIVE A PENSION (INCLUDING SOCIAL SECURITY) OR DID THE AMOUNT CHANGE?*	☐	☐	☐	☐
4. ¿TRABAJO POR SU CUENTA O RECIBIO BONO? INDIQUE EL INGRESO *WERE YOU SELF EMPLOYED OR RECEIVED BONUS? IF SO. ENTER YOUR INCOME*	$ DOLARES / DOLLARS	CTVS. / CTS	$ DOLARES / DOLLARS	CT
5. ¿REALIZO UNA BUSQUEDA ACTIVA DE TRABAJO Y ESTUVO APTO Y DISPONIBLE PARA TRABAJR EN TODO MOMENTO? *DID YOU MAKE AN ACTIVE SEARCH FOR WORK AND WERE YOU ABLE AND AVAILABLE FOR FULLTIME WORK?*	☐	☐	☐	☐
6. ¿COMENZO A ESTUDIAR DURANTE EL DIA O PARTE DEL DIA? *DID YOU ATTEND SCHOOL ALL DAY OR PART OF IT?*	☐	☐	☐	☐
7. **A LOS RECLAMANTES DE ASISTENCIA POR DESASTRE** - ¿RECIBIO COMPENSACION DE ALGUN OTRO TIPO A CONSECUENCIA DEL DESASTRE? *IF YOU ARE CLAIMING BENEFITS UNDER DISASTER UNEMPLOYMENT ASSISTANCE - DID YOU RECEIVE ANY KIND OF COMPENSATION CONNECTED WITH THE DISASTER?*	☐	☐	☐	☐

IMPORTANTE: SI SU DIRECCION POSTAL O RESIDENCIAL CAMBIO, NO ENVIE ESTE FORMULARIO POR CORREO, LLEVELO PERSONALMENTE A LA OFICINA LOCAL DE SU AREA
IF YOUR ADDRESS CHANGED, DO NOT MAIL THIS FORM. TAKE IT TO THE LOCAL OFFICE WHERE YOU FILED YOUR CLAIM

CERTIFICO: QUE LA INFORMACION OFRECIDA ES CIERTA Y CORRECTA A MI MEJOR SABER Y ENTENDER Y QUE CONOZCO LAS PENALIDADES QUE DISPONE LA LEY POR OFRECER INFORMACION FALSA U OCULTAR INFORMACION NECESARIA CON EL PROPOSITO DE OBTENER BENEFICIOS QUE NO ME CORRESPONDEN.

I DO CERTIFY: THAT THE INFORMATION FURNISHED IS TRUE AND CORRECT TO T BEST OF MY KNOWLEDGE AND BELIEF AND THAT I KNOW THE PENALTIES THE LA ESTABLISHES FOR PROVIDING FALSE INFORMATION OR FAILING TO DISCLO INFORMATION IN ORDER TO RECEIVE BENEFITS I'M NOT ENTITLED TO RECEIVE.

FIRMA DEL RECLAMANTE / CLAIMANT'S SIGNATURE	FECHA / DATE

INFORME DEL PATRONO SOBRE INGRESOS PARCIALES / *EMPLOYER PARTIAL EARNINGS REPORT*		SEMANA / WEEK 1	SEMANA / WE
1. HORAS TRABAJADAS / *NUMBER OF HOURS WORKED*			
2. HORAS QUE EL PATRONO TENIA DISPONIBLES / *NUMBER OF HOURS THAT EMPOYER HAD AVAILABLE*			
3. SALARIO DEVENGADO / *WAGES EARNED*		$	$
4. RAZON PARA LA SEMANA PARCIAL *REASON FOR PARTIAL, WORK*	ESCASEZ DE TRABAJO / *LACK OF WORK*	☐ 09	☐ 09
	OTRAS RAZONES / *OTHER REASONS*	☐ 30	☐ 30

NOMBRE DEL NEGOCIO O ESTABLECIMIENTO *NAME OF BUSINESS OR ESTABLISHMENT*	FIRMA DEL DUEÑO U OFICIAL AUTORIZADO *SIGNATURE OF EMPLOYER OR AUTHORIZED REPRESENTATIVE*	NUM CUENTA DEL PATRONO *EMPLOYER'S ACCOUNT NUMBER*	FECHA *DATE*

NOTICE OF FILING

TO ALL CREDITORS AND PARTIES IN INTEREST:

Notice is hereby given that debtor (s) filed the attached **APPLICATION FOR CHAPTER 13 TRUSTEE'S APPROVAL OF POST-PETITION LOAN.**

IN ACCORDANCE WITH FRBP 1017, FRBP 2002, AND FRBP 9013, AND LOCAL GENERAL ORDER NO. 97-01, THE DEBTORS, ALL CREDITORS AND PARTIES IN INTEREST IN THIS CASE, ARE HEREBY NOTIFIED THAT UNLESS AN OPPOSITION TO THIS MOTION IS SUBMITTED IN WRITING WITHIN 14 DAYS FROM THE DATE APPEARING IN THE CERTIFICATE OF SERVICE, INFRA, THE COURT MAY GRANT THIS MOTION, WITHOUT A HEARING.

/s/Jacqueline E Hernandez Santiago
JACQUELINE E. HERNANDEZ SANTIAGO
USDC-PR 203007
P. O. BOX 366431
SAN JUAN, PR 00936-6431
TELS. (787)751-1836 /(787)751-6709

CERTIFICATE OF SERVICES

I HEREBY CERTIFY that I electronically filed the foregoing with the clerk of the Court using CM/ECF System which will send notification of such filing and that I have mailed the documents to the all non CM/ECF participants, creditors and parties in interest as per the Master address list.

A.A.A. PO BOX 70101 SAN JUAN, PR 00936-8101	(2757779) (cr)
A.E.E. PO BOX 363508 SAN JUAN, PR 00936-3508	(2757780) (cr)
AMERICAN CHINA BARRIO HATO TEJAS 14 CALLE ROSSY	(2757781) (cr)

BAYAMON, PR 00959

BALLESTER
PO BOX 364548
SAN JUAN, PR 00936-4548
(2757782)
(cr)

BANCO BILBAO VIZCAYA
P O BOX 364745
SAN JUAN, PR 00936-4745
(2757783)
(cr)

BANCO BILBAO VIZCAYA ARG
ANGEL M VAZQUEZ BAUZA
PO BOX 191017
SAN JUAN PR 00919-1019
(2775018)
(cr)

BANCO POPULAR DE PR
DIV SERVICIOS AL CONSUMIDOR
P O BOX 71375
SAN JUAN, PR 00936-7077
(2757784)
(cr)

BANCO POPULAR DE PUERTO RICO
BANKRUPTCY DEPARTMENT
PO BOX 366818
SAN JUAN PR 00936-6818
(2764831)
(cr)

BANCO POPULAR DE PUERTO RICO-SPECIAL LOANS
PO BOX 362708
SAN JUAN PR 00936-2708
(2831386)
(cr)

BANCO SANTANDER
PO BOX 362589
SAN JUAN, PR 00936-2589
(2757785)
(cr)

BANCO SANTANDER PUERTO RICO
P.O. Box 362589
San Juan, P.R. 00936-2589
(2830576)
(cr)

BAXTER CREDIT UNION
340 N MILWAUKEE AVE
VERNON HILLS IL 60061
(2829842)
(cr)

BAXTER CREDIT UNION
PO BOX 8133
VERNON HILLS, IL 60061-8133
(2757786)
(cr)

BORINQUEN AIR
PO BOX 250181
AGUADILLA, PR 00605-0181
(2757787)
(cr)

BUSINESS SOUND
PMB 164
(2757788)
(cr)

HC 01 BOX 29030
CAGUAS, PR 00725-8900

CFSE (2757789)
PO BOX 365028 (cr)
RIO PIEDRAS, PR 00936-5028

CITICARD (2757790)
PO BOX 183056 (cr)
COLUMBUS, OH 43218-3056

CitiFinancial Inc (2792175)
P O Box 70919 (cr)
Charlotte NC 28272-0919

CITIFINANCIAL PLUS (2757791)
PO BOX 866 (cr)
MAYAGUEZ, PR 00681-0866

CITIFINANCIAL RETAIL SERVICES (2757792)
P O BOX 22066 (cr)
TEMPE, AZ 85285-2066

Comercial Don Benja
p/c Lcdo. Santiago Mari Roca (3007596)
PO Box 1589 (cr)
Mayaguez, PR 00681-1589

CPA CARLOS W. LAMBOY, PSC (2757793)
PO BOX 764 (cr)
CABO ROJO, PR 00623

CRIM (2757794)
PO BOX 195387 (cr)
SAN JUAN, PR 00919-5387

DEPARTAMENTO DE HACIENDA (2757795)
PO BOX 9024140 (cr)
SAN JUAN, PR 00902-4140

DEPARTAMENTO DE HACIENDA
PLANILLA IVU (2757796)
PO BOX 9024140 (cr)
SAN JUAN, PR 00902-4140

DEPARTAMENTO DEL TRABAJO Y REC HUMANOS
505EDF PRUDENCIO RIVERA MARTINEZ (2757797)
AVE MUNOS RIVERA (cr)
HATO REY, PR 00918

Department of Treasury (2891916)

Bankruptcy Section (424-B) PO Box 9024140 San Juan, PR 00902-4140	(cr)
DISCOVER BANK DFS Services LLC PO Box 3025 New Albany, Ohio 43054-3025	(2760324) (cr)
DISCOVER CARD PO BOX 30943 SALT LAKE CITY, UT 84130	(2757798) (cr)
EASTERN ADV 459 MAIN STREET INDIAN ORCHARD, MA 01151	(2757799) (cr)
FIRST BANK BANKRUPTCY DIVISION P.O. BOX 9146 SAN JUAN, PR 00908-0146	(2764374) (cr)
FIRSTBANK PO BOX 13817 SAN JUAN, PR 00908-3817	(2757800) (cr)
INTERNAL REVENUE SERVICE 2 PONCE DE LEON AVE SUITE 904 SAN JUAN, PR 00902	(2757801) (cr)
JOSE SANTIAGO INC PO BOX 191795 SAN JUAN, PR 00919-1795	(2757802) (cr)
LIQUILUX GAS PLAYA STATION PO BOX 189 PONCE, PR 00734-4189	(2757803) (cr)
MICRO TECHNOLOGY PMB 252 609 AVE TITO CASTRO STE 102 PONCE, PR 00716	(2757804) (cr)
MONEY EXPRESS BANKRUPTCY DIVISION P.O. BOX 9146 SAN JUAN, PR 00908-0146	(2769873) (cr)

MONITRONICS FUNDING LP
DEPT CH 8628
PALATINE, IL 60055-8628
(2757805)
(cr)

MUNICIPIO DE SAN GERMAN
PO BOX 85
SAN GERMAN, PR 00683-0085
(2757806)
(cr)

NCO FINANCIAL SYSTEM OF PUERTO RICO
PO BOX 15630
DEPT 19
WILMINGTON, DE 19850
(2757807)
(cr)

PLAZA VALLE VERDE, INC.
PO BOX 1256
SAN GERMAN, PR 00683
(2757808)
(cr)

PRA RECEIVABLE MANAGEMENT LLC
PORTFOLIO RECOVERY ASSOCIATES
P O BOX 41067
NORFOLK VA 23541
(2857488)
(cr)

PRA Receivables Management, LLC as agent for
FIA Card Services NA aka Bank of America
PO Box 12907
Norfolk VA 23541-0907
(2810004)
(cr)

PROGRESSIVE FINANCE & INVESTMENT CORP
MINILLAS STATION
PO BOX 42004
SAN JUAN, PR 00940
(2757809)
(cr)

PUERTO RICO TEL CO.
PO BOX 71535
SAN JUAN, PR 00936-8635
(2757810)
(cr)

READY ALARMS, INC
PO BOX 8045
MAYAGUEZ, PR 00681-8045
(2757811)
(cr)

In San Juan, Puerto Rico, this 15th day of December, 2010.

/s/ Jacqueline E. Hernandez Santiago
JACQUELINE E. HERNANDEZ SANTIAGO
USDC 203007
PO BOX 366431
SAN JUAN, PR 00936-6431
TEL (787) 751-1836